Michigan Immunization Update

Fall 2001 - Winter 2002 Vol. 8, No. 3

Be part of the immunization solution

We need your help to make sure Michigan's children are fully vaccinated.

In 1994, the CDC's National Immunization Survey (NIS) reported that Michigan's immunization coverage rate was 61 percent for children 19-35 months of age who had received four doses of DTP, three doses of polio and one dose of MMR. By 1998, the percentage of two-year-olds who were fully immunized with four doses of DTaP, three doses of polio, one dose of MMR, three doses of Hib and three doses of hepatitis B was 71 percent, and in 2000 Michigan's rate had climbed to 74 percent. Unfortunately, the 2000 NIS also showed the City of Detroit in last place among urban areas with an immunization rate of only 56 percent for the five vaccines listed above. Statewide, over one-quarter of Michigan's children are not adequately immunized, and nearly half of Detroit's two-year-olds are at risk for vaccine-preventable diseases.

A recent report from CDC indicates that for the majority of children, all that's needed to bring them up to date is one more visit to the doctor. If the children included in the 1999 NIS had visited their doctors one more time and received all vaccines indicated at that visit, Michigan's immunization rate for this age group would have been 91 percent.

Here's what you can do:

Use the Michigan Childhood Immunization Registry (MCIR)

- Be sure that all doses administered data for children born after 12/31/93 are entered in MCIR.
- Save time when assessing which vaccines a child needs by using the MCIR assessment feature.
- Help parents remember when it's time for the next vaccination by using MCIR's recall feature.

If you are not yet using MCIR, call 517-335-8159 for the phone number of your regional MCIR office or go to www.mcir.org.

Know your practice's immunization levels

- If you're using MCIR, use the MCIR *Current Immunization Profile* feature. It is simple to use and most reports run within five minutes.
- If you don't yet have the capacity to use MCIR in that way, take advantage of a free, confidential immunization assessment courtesy of the Michigan Department of Community Health. This service is a practice management tool that will tell you the percentage of your patients who are fully immunized, which children are missing immunizations and which immunizations they are missing, and will provide recommendations on strategies to improve your immunization rate. Call Stephanie Sanchez at 517-335-9011 for more information.

Keep your staff up to date on immunization recommendations

- Free in-services are available for office staff in pediatric and family practices
- Contact hours for nurses are available
- Call Darcy Wildt at 517-335-9486 for more information

Bioterrorism websites

Reliable information and updates on bioterrorism threats, including anthrax, may be found on the following websites:

CDC: www.bt.cdc.gov

MDCH: www.mdch.state.mi.us

Johns Hopkins University:

www.hopkins-biodefense.org

Inside

Michigan Department of Community Health
MDCH
John Engler, Governor
James K. Haveman, Jr., Director

Vaccines supplies disrupted

Physicians across Michigan have been coping with ongoing shortages of adult Td vaccine and the new conjugate pneumococcal vaccine (PCV7) for a number of months. Some physicians may not be aware that it has been difficult for the Michigan Department of Community Health (MDCH) to maintain normal inventories of a number of other vaccines for Vaccines for Children (VFC) and Michigan Vaccines for Children (MI-VFC) eligible children in recent months. Manufacturers cite a variety of reasons for delays in vaccine shipments and, in some instances, the Centers for Disease Control and Prevention (CDC) has limited orders from states in order to spread dwindling supplies around the country.

Although there have been shipping delays and limitations on the amount of vaccine we can order, MDCH has not had to restrict use of any vaccines other than Td and PCV7 at this time.

It has been necessary for MDCH to change the way it does business in terms of shipping Td and PCV7 vaccines to local health departments and it may be necessary, if supply problems continue, to change shipping practices for some other childhood vaccines. When it is not possible to maintain at MDCH more than a month's inventory of a vaccine, it may be necessary to limit orders from local health departments to a one-month supply. Consequently, local health departments may need to similarly limit private provider orders.

As VFC and MI-VFC providers know, this is a significant change from the practice of routinely filling all orders. MDCH and local health departments are working to develop mechanisms to stretch vaccine resources among all providers. Rather than maintaining larger inventories at health departments that can be used to meet client needs for several months, it may be necessary for physicians' offices to place their orders every month and to expect to deplete their vaccine supplies almost totally each month.

Although, at this point in time, the need for this type of change applies only to Td and PCV7 vaccines, it may be necessary to implement similar changes with respect to other vaccines in the future. If your practice has concerns about its supply of any of the vaccines provided through the VFC and MI-VFC programs, please contact your local health department.

See important announcement on pages 20-21

Questions?

Do you have questions about Vaccine Information Statements (VIS), the Vaccines for Children program (VFC), the Michigan Vaccines for Children program (MI-VFC), the Michigan Childhood Immunization Registry (MCIR), or another program associated with immunizations?

The first place to go for answers is the immunization clinic at your local health department. If you need additional help, call the Michigan Department of Community Health Division of Communicable Disease and Immunization (517-335-8159).

Annual regional immunization conferences draw 1,300 participants

The six statewide 2001 regional immunization conferences held during September and October attracted more than 1,300 participants. Major topics included: A vaccine update, vaccine safety and risk communication, a Michigan Childhood Immunization Registry (MCIR) update, and a troubleshooting session where a panel of immunization experts answered audience questions on a variety of immunization issues.

Bronson Rambling Road Pediatrics, Portage, received special recognition for its participation in the MDCH Immunization Record Assessment program at the Kalamazoo conference. The coverage level for their 19-35 month-old patients is 91 percent for the following vaccines: four doses of DTaP/DTP, three doses of polio, one dose of MMR, three doses of Hib, and three doses of hepatitis B.

Staff members at Bronson Rambling Road Pediatrics, Portage, put MCIR to good use in their office. Not only do they add immunization data into MCIR on a daily basis, they also use MCIR for recall of children who are missing immunizations.

Earlier in 2001, they were presented with the MCIR *Site of Excellence* award by Region 2 MCIR staff in recognition of their continued support and use of the MCIR immunization database.

During the conference, the Michigan Department of Community Health presented the staff members of the Bronson Rambling Road Pediatrics, Portage, office with a number of children's books. The practice is going to give the books to children when they are immunized.

In addition, four medical offices were recognized by Region Six MCIR during the Marquette conference. Family Care Doctors, Pediatric Specialists and Kurt W. Lehmann, M.D., all of Marquette, and the Ironwood office of the Grand View Clinic were each presented with a MCIR *Site of Excellence* award in recognition of their continued support and use of the MCIR immunization database.

Conference speakers included two individuals who are very well-known to viewers of the CDC immunization satellite courses (pictured below). William Atkinson, M.D., M.P.H., gave the vaccine update at the conferences in Kalamazoo, Troy, and Ypsilanti. Sharon Humiston, M.D., M.P.H., gave the *Vaccine Safety: Focus on the Facts* presentation at the Kalamazoo conference. In addition, Humiston allowed her presentation to be given at all the remaining conferences by staff members from the MDCH Division of Communicable Disease and Immunization. Humiston and Atkinson both took part in the troubleshooting panels at the conferences that they attended.

2002 Michigan regional immunization conferences

Planning for the 2002 regional immunization conferences is already underway. The locations and dates for the 2002 conferences will be announced in our next newsletter. Dr. Atkinson is planning to speak at the conferences in Gaylord and Marquette next October. Dr. Humiston has been invited to speak at two of the downstate conferences; our request is being considered by CDC at this time.

Registrations will not be accepted until the brochures are mailed out. Conference brochures will be mailed during May to all recipients of this newsletter. If you have not received a brochure by the end of May, call the MDCH Division of Communicable Disease and Immunization (517-335-8159) to request a brochure and registration form.

William Atkinson, MD, MPH; Kristi Cooper, RN, BSN; Sharon Humiston, MD, MPH; and Bob Swanson, MPH (from left) made up the troubleshooting panel at the Kalamazoo conference. The troubleshooting session is always well received by conference participants.

Did you get your flu shot this year?

Adapted from *Needle Tips* (Spring 2001; Vol 11; no. 1; p. 28) with permission from the Immunization Action Coalition

If you're like most people who work in medicine, your patients' health is of primary concern to you. Yet every year more than 200,000 physicians and nurses needlessly expose their patients to the influenza virus. Are you one of them?

According to CDC, only 34 percent of MDs and RNs get vaccinated annually against influenza. This means that over 2.3 million MDs and RNs are unvaccinated and at risk not only for contracting influenza but also for passing it on to others. On average, 20,000 people die annually in the U.S. from influenza or its complications. Some of these cases are unwittingly passed from health professionals to their patients.

Why are so many health care providers unvaccinated? According to surveys, here are some reasons:

Excuse #1:

"I don't get sick and I never get influenza."

About 10-25 percent of people in the U.S. get influenza each year, and health professionals are not exempt. Many health care providers develop only mild symptoms of the disease, and thus don't get a florid influenza syndrome. But even a person with minimal symptoms can transmit the full-blown illness to patients. Health professionals are notorious for going to work even when sick. With mild illnesses – scratchy throats, muscle aches – doctors and nurses talk with patients, check blood pressures, examine throats, etc., and ultimately infect others with respiratory viruses.

Excuse #2:

"I'm not in a risk group."

If you are a healthy person under the age of 50, you might not be in an influenza risk group, but as a health professional, you put other people at risk by not getting an annual flu shot. Unvaccinated health care workers put hundreds of others at risk for influenza. Patients can get infected, be hospitalized, and even die from influenza. The only acceptable reason for your not being vaccinated is a valid medical contraindication. By not getting vaccinated against influenza, you endanger the lives of others.

Excuse #3:

"I forget to get vaccinated or don't have the time."

No time? Plan ahead to make the time – this year and every fall. Make influenza vaccination a priority for all the employees in your practice or hospital. Establish a system so that everyone is vaccinated against influenza free of charge every year and no one forgets.

Excuse #4:

"I'm concerned about vaccine side effects."

The most common side effect from influenza vaccine is arm soreness. Two recent studies demonstrated that influenza vaccine caused no significant difference in systemic side effects (fever, headache, fatigue, myalgias) when compared to placebo injection. (Margolis, KL et al., *JAMA*, 1990; 264: 1339 – 1141. Nichol, KL et al., *Arch Intern Med.* 1996; 156: 1546-1550.)

All clinics, hospitals, and long-term care facilities should require that their employees receive influenza vaccine and provide it free of charge. While the investment may seem high, in the long run, it often offers a cost savings to society. Most importantly, it saves lives. If your facility doesn't have a system in place to vaccinate all staff members, now is the time to start planning for next fall.

Make sure you get vaccinated every year and that all staff members in your facility do, too. Make it a requirement. Once a year. It's so simple. And it's lifesaving. After all, isn't this what medicine is all about?

Updated AIM Kit will be available soon

A section on *Talking to Families about Immunization* has been added to the 2002 AIM Kit

This packet contains up-to-date tools and information for health care professionals who administer vaccines to their patients, including the Recommended Childhood Immunization Schedule for 2002, information on proper storage and handling of vaccines, documentation resources and much more. This kit is made up of several folders of materials and includes separate tabs on Childhood/Teen Immunization, Adult Immunization, Vaccine Storage & Handling/Resources, and *Talking to Families about Immunization.*

To order a free AIM Provider Tool Kit for your practice, see the order form on page 22 or call 1-888-76-SHOTS (1-888-767-4687).

People with diabetes urged to get flu shot

People with diabetes are three times more likely to die from complications of influenza and pneumonia and six times more likely to be hospitalized during flu epidemics than people without diabetes. This risk is particularly high when additional risk factors are present such as cardiovascular disease and kidney disease.

A pneumococcal shot and an annual flu shot could prevent complications and death associated with pneumonia and influenza. Yet about half of adults with diabetes do not get an annual flu shot, and only one third of adults with diabetes are immunized against pneumococcal pneumonia.

The Centers for Disease Control and Prevention (CDC) is asking you to immunize your patients with diabetes against influenza and pneumococcal pneumonia.

- Remember to recommend flu and pneumonia shots to patients with diabetes when they come in for routine care.
- Consider instituting standing orders to make the immunizations a routine part of the health care regimen for patients with diabetes.
- Educate patients about how simple, safe, and effective the flu and pneumococcal shots are and how dangerous the flu and pneumonia is for people with diabetes.

Make flu and pneumococcal vaccinations for people with diabetes a priority this flu season.

For more information, contact Gwen Imes, Michigan Department of Community Health, at 517-335-8378 or contact CDC toll-free at 1-877-CDC-Diab or http://www.cdc.gov/diabetes.

It is very important for people with high-risk medical conditions (such as diabetics) to receive a flu shot every year.

Visiting Nurse Associations active in Michigan

Contributed by Carly N. Paul, Special Programs Manager, Michigan Visiting Nurses Association

Each fall, the Visiting Nurse Associations of Michigan (VNAM) coordinates a statewide effort to immunize thousands against influenza and pneumonia through public and private clinics.

Despite difficulties with vaccine orders last year, VNAM members were able to administer nearly 170,000 flu and pneumonia shots at 1,696 clinics throughout Michigan during the 2000-2001 flu season. Following CDC guidelines, vaccinations were first offered to those in high-risk groups. Special efforts were made by members to increase immunization rates among home care patients, indigent populations, and the homebound.

For the 2001-2002 season, VNAM affiliates are once again committed to providing this important proactive program. Members are working to increase service to populations such as high-risk children and health care workers unable to obtain vaccination through their employers.

The Visiting Nurse Associations of Michigan is a coalition of 11 independently owned and operated visiting nurse associations (VNAs). The Flu and Immunization Subcommittee meets on a regular basis to exchange ideas, coordinate joint efforts, and work to provide consistently high-quality service. This flu prevention program is a nation-wide program sponsored by Visiting Nurse Associations of America.

Universal birth dose policy saves lives

Approximately 19,000 women with chronic hepatitis B infection give birth in the U.S. each year.

Adapted from the Immunization Action Coalition's on-line newsletter, the IAC Express (Issue 277 Oct 16, 2001)

On October 16, 2001, the Advisory Committee on Immunization Practices (ACIP) voted to recommend giving the birth dose of hepatitis B vaccine to all newborns prior to discharge. The ACIP recommendation will now agree with American Academy of Pediatrics (AAP) policy, which since 1992 has been to recommend a birth dose for all infants and to refer to an alternative schedule beginning with a dose at two months as acceptable.

The Michigan Department of Community Health and the Immunization Action Coalition (IAC) support these recommendations and urge health professionals and hospitals to protect all infants from hepatitis B virus (HBV) infection by administering the first dose of hepatitis B vaccine to every infant before hospital discharge.

Approximately 19,000 women with chronic hepatitis B infection give birth in the U.S. each year. Ninety percent of perinatal infections can be prevented by postexposure prophylaxis given within 12 hours of birth. Tragically, many babies are exposed to HBV at birth but do not receive appropriate postexposure prophylaxis.

Because thimerosal has been removed from all pediatric hepatitis B vaccines in the U.S., concerns about thimerosal should no longer be an obstacle for practitioners in implementing a universal birth dose policy.

Why is such a policy necessary?

Following are some of the reasons infants do not receive appropriate prophylaxis at birth and could become infected:

- A pregnant woman is hepatitis B surface antigen (HBsAg) positive but her status is not communicated to the newborn nursery, is misinterpreted, or is mistranscribed in her prenatal records.
- A chronically-infected pregnant woman is not tested for HBsAg but, by mistake, is tested for the hepatitis B surface antibody (anti-HBs, which is also known as HBsAb).
- A pregnant woman is not tested for HBsAg either prenatally or in the hospital at the time of delivery.
- A high-risk woman is tested in early pregnancy and is HBsAg negative. She develops HBV infection later in pregnancy but it is not detected.
- A mother is HBsAg negative but the infant is exposed to HBV infection postnatally from another family member or caregiver. This occurs in two-thirds of the cases of childhood transmission.

In 1999, a baby in Michigan died due to not receiving prophylaxis at birth. A universal birth dose policy is necessary because it saves lives.

Create a safety net

Vaccinate every baby in the hospital prior to discharge regardless of the HBsAg status of the mother.

Your support for providing a birth dose of hepatitis B vaccine to all infants while still in the hospital will protect and save lives that are now being put at risk. Currently 74 of 102 birthing hospitals in Michigan have

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Universal birth dose policy saves lives

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implemented or reinstated policies that require physicians to offer all newborns the hepatitis B vaccine prior to discharge. We would like to recognize these hospitals for their efforts to help prevent perinatal hepatitis B infection by offering hepatitis B vaccine to all newborns before hospital discharge:

- Allegan General Hospital
- Bay Medical Center
- Bell Memorial Hospital
- Borgess Medical Center
- Borgess/Pipp Health Center
- Botsford General Hospital
- Bronson Methodist Hospital
- Carson City Hospital
- Clinton Memorial Hospital
- Community Health Center of Branch Co
- Community Hospital/ Watervliet
- Covenant Health Care System
- Crittenton Hospital
- Foote Memorial Hospital
- Garden City Osteopathic Hospital
- Genesys Regional Medical Center
- Grand View Hospital
- Gratiot Community Hospital
- Hackley Hospital
- Hayes Green Beach Hospital
- Henry Ford Hospital/Detroit
- Hillsdale Community Health Center
- Holland Community Hospital
- Hurley Medical Center
- Huron Memorial Hospital
- Huron Valley/Sinai Hospital
- Hutzel Hospital
- Ingham Regional Medical Center
- Ionia County Memorial Hospital
- Keweenaw Memorial Medical Center
- Lakeland Medical Center/St. Joseph
- Lakeland Regional Health Systems/Niles
- Lakeshore Community Hospital
- Lapeer Regional Hospital
- Lenawee Health Alliance/ Herrick
- McKenzie Hospital
- McLaren Regional Medical Center
- Mecosta County General Hospital
- Memorial Medical Center of West Michigan
- Mercy General Health Partners
- Mercy Health Services
- Mercy Hospital/Cadillac
- Mercy Hospital/Port Huron
- Mercy Memorial Hospital
- Metropolitan Hospital
- Mid MI Regional Medical Center/Clare
- Mt. Clemens General Hospital
- Munson Medical Center
- Oakwood Hospital-Annapolis Center
- Oakwood Hospital and Medical Center
- Otsego Memorial Hospital
- Owosso Memorial Healthcare Center
- Pennock Hospital
- Port Huron Hospital
- Portage Health System
- Sinai/Grace Hospital
- St. Francis Hospital
- St. John Detroit Riverview Hospital
- St. John Macomb Hospital
- St. John's River District Hospital
- St. Joseph Mercy Hospital/ Clinton Twp
- St. Mary's Hospital/Livonia
- St. Mary's Mercy Medical Center
- South Haven Community Hospital
- Spectrum Health/Blodgett Campus
- Spectrum Health/Butterworth Campus
- Sturgis Hospital
- Three Rivers Area Hospital
- University of Michigan Hospitals & Health Centers
- War Memorial
- West Branch Regional Medical Center
- West Shore Hospital
- Zeeland Hospital

If your hospital is not listed here and your physicians have a policy of offering the first dose of the hepatitis B vaccine to all newborns before discharge, please let us know by calling Pat Fineis at 517-335-9443 or 800-964-4487 so that we can publicly acknowledge your commitment to a universal birth dose policy.

MDCH: DCH-0591 (8/96)
Auth: P.H.S. , Act 42, Sect 317, as amended, 1978

Agencies fight meningococcal meningitis

Contributed by Carly N. Paul, Special Programs Manager, Michigan Visiting Nurses Association

Over the last year, the media has carried several reports on meningitis and the cases that have occurred in Michigan. This has raised some serious concerns among parents and schools. To address their questions and fears, Michigan Visiting Nurses (MVN) partnered with University Health Service (UHS) at the University of Michigan to provide information and vaccination opportunities to students on campus during the 2000-2001 academic year.

Through this joint effort, almost 900 students were vaccinated and hundreds more were educated about the risks of this potentially fatal disease. Due to the continued concern of parents, MVN and UHS also sponsored the program for the 2001-2002 school year. Though there has not been a confirmed case of meningococcal meningitis on campus since 1995, the university has taken proactive measures in line with the recommendations of the Centers for Disease Control and Prevention and the American College Health Association.

Parents throughout southeast Michigan have continued to contact MVN about the risk of meningococcal meningitis and their concern for their students in secondary schools. The increased awareness and popularity of the program has resulted in MVN expanding the drive to include area high schools and their graduating seniors. The program now includes an informational mini-seminar for schools, parents, and students, the distribution of informational materials for distribution, and opportunities for vaccination.

MVN is a non-profit organization serving the community since 1909 and part of the UHS. MVN provides a broad range of high-quality health services at home, work, and community clinics. This program was developed following the guidelines of the Centers for Disease Control and Prevention and the American College Health Association.

Understanding meningitis

Meningitis is an infection of the fluid of a person's spinal cord and the fluid that surrounds the brain. People sometimes refer to it as spinal meningitis. Meningitis is usually caused by a virus or bacterium. Knowing whether meningitis is caused by a virus or bacterium is important because the severity of illness and the treatment differ. Viral meningitis is generally less severe and resolves without specific treatment, while bacterial meningitis can be quite severe and may result in brain damage, hearing loss, learning disability, or death. For bacterial meningitis, it is also important to know which type of bacteria is causing the meningitis because antibiotics can prevent some types from spreading and infecting other people.

Streptococcus pneumoniae and *Neisseria meningitidis* are the leading causes of bacterial meningitis. Before the 1990s, *Haemophilus influenzae* type b (Hib) was the leading cause of bacterial meningitis among children, but routine childhood immunization with Hib vaccines since the mid-1980s has greatly reduced the occurrence of invasive disease due to *H. influenzae.* In 2000, recommendations were made to begin vaccinating children against severe disease caused by *Streptococcus pneumoniae*; that vaccine is known as 7-valent pneumococcal conjugate vaccine (generically called PCV7, trademark name Prevnar,™ marketed by Wyeth-Ayerst Vaccines).

Meningitis and other types of serious infections caused by *Neisseria meningitidis* are known as meningococcal disease. Two CDC studies done in 1998 identified a slightly higher risk of meningococcal disease among college freshman dormitory residents. The Advisory Committee on Immunization Practices (ACIP) recommended that those who provide medical care to this group give information to students and their parents about meningococcal disease and the benefits of vaccination. Vaccination should be provided or made easily available to those freshmen who wish to reduce their risk of disease. Other undergraduate students wishing to reduce their risk of meningococcal disease may also choose to be vaccinated.

The currently available vaccine for meningococcal disease is known as meningococcal polysaccharide vaccine (Menomune® -A,C,Y,W-135, manufactured by Aventis Pasteur). It helps protect against disease from four of the five strain types (known as serogroups) of the bacterium *Neisseria meningitidis*. The meningococcal vaccine is not currently recommended as part of the routine childhood immunization schedule in the U.S.

ACIP statements: What they contain & where to get them

Adapted from an article in the California Immunization Update (June 16, 2001)

The recommendations of the U.S. Public Health Service Advisory Committee on Immunization Practice (ACIP), along with those from the American Academy of Pediatrics, determine the standard of practice for immunization delivery in the United States. These statements, which are published in the CDC's *Morbidity Mortality Weekly Report* (MMWR), provide the evidence base to support the recommendations and clear practice protocols in a well-organized and easy-to-read format. Nearly all of the technical questions we receive on immunization practice can be answered from these statements. Continuing education credits (CMEs, CEUs, CNEs) are available for reading and completing the brief test at the end of the more recent statements. To get a complete set of ACIP statements or selected ones:

- Download individual statements from CDC's website at www.cdc.gov/mmwr. You can also request a free electronic subscription to the MMWR at this site. (For more details see below.)
- Visit the Immunization Action Coalition's (IAC) website to download individual statements: www.immunize.org/acip. They can also be downloaded from the CDC National Immunization Program web site: www.cdc.gov/nip/publications.
- If you do not have access to the Internet, you may call CDC's Immunization Hotline at 800-232-2522.

How to get a free electronic subscription to CDC's MMWR

To obtain a free electronic subscription to the MMWR, go to www.cdc.gov/mmwr and select *Free MMWR Subscription* from the menu at the left of the screen. Once you have submitted the required information, weekly issues of the MMWR and all new ACIP statements (published as MMWR's *Recommendations and Reports*) will arrive automatically by e-mail to your desktop every Friday.

The Allied Vaccine Group creates fantastic website

www.vaccine.org

The Allied Vaccine Group is comprised of websites dedicated to presenting valid scientific information about the sometimes confusing subject of vaccines. This is a fantastic website and we recommend that you check it out.

Improving recognition of potential biological agents

CDC published *Recognition of Illness Associated with the Intentional Release of a Biologic Agent* in the October 19, 2001, issue of Morbidity and Mortality Weekly Report (MMWR). The article recommends heightened surveillance for unusual disease occurrences following the terrorist attacks in September. Specific clinical features of six agents are discussed. The synopsis reads as follows:

This report provides basic guidance that can be implemented to improve recognition of potential biological agents. After the terrorist attacks of September 11, 2001, state and local health departments initiated various activities to improve surveillance and response, ranging from enhancing communications to conducting special surveillance projects. Healthcare providers, clinical laboratory personnel, infection control professionals, and health departments play critical and complementary roles in recognizing and responding to illness caused by the release of biologic agents. This report includes basic information for healthcare providers for recognizing anthrax, plague, botulism, smallpox, inhalational tularemia, and hemorrhagic fever.

The complete text of this article is included in the October 19, 2001, MMWR, which can be found online at: www.cdc.gov/mmwr.

Pertussis cases are on the rise in Michigan

The Michigan Department of Community Health continues to receive numerous reports of pertussis (whooping cough) cases in Michigan. In an analysis of data received through the 40th reporting week, ending October 6, 52 cases had been reported, with approximately 60 additional suspect cases still under investigation, (including outbreaks among Amish communities in two separate areas of the state).

Cases have been reported from over 20 counties in all regions of the state, and have ranged in age from two weeks to 64 years. As in previous years, the majority (61 percent) of reported cases are among infants under one year of age.

Among 41 cases under age 7 years for whom immunization histories were available, 27 (66%) had received an age-appropriate number of pertussis vaccine doses. While some immunity may be conferred with the initial vaccine doses in the series, it is estimated that highest efficacy (80-90%) is achieved only after three or more doses have been given. Among 12 cases between seven months of age (an age by which three doses are recommended) and 7 years of age, only one child had received three or more doses of vaccine. Among 52 cases analyzed, only one had a history of receiving four or more doses of vaccine.

The continued occurrence of pertussis cases in infants as young as a few weeks of age, along with the findings of public health case investigations, suggests that undiagnosed adults and older children in the home are the likely source of infection for these young infants.

Severity of pertussis and frequency of complications varies inversely with age, with highest rates of complications such as pneumonia and hospitalization seen most often in children under one year of age. Pertussis frequently goes undiagnosed or unrecognized in adolescents and adults because the disease tends to be milder in these age groups and because adults less often seek medical treatment.

Although pertussis vaccination may not always be completely protective against pertussis infection, studies indicate it offers greater protection against severe and complicated cases of disease. The recommended schedule for childhood immunization consists of a total of five doses. Acellular pertussis vaccine (DTaP) is recommended for all doses of the pertussis schedule. Doses are routinely recommended at 2, 4, 6, and 15-18 months of age, with a fifth (booster) dose recommended prior to school entry if the fourth dose was given prior to the fourth birthday. Pertussis vaccine is not currently licensed for use in persons 7 years of age and older.

Vaccine-induced immunity persists for at least three years and may then begin to wane with time. Therefore it is not unexpected to find cases occurring among previously immunized persons, especially if a decade or more has elapsed since the last dose of pertussis vaccine. Waning immunity may explain infection for some of the cases with an immunization history of four or more doses.

Number of reported cases of vaccine-preventable diseases, Michigan 2001

(Year-to-date as of 12/8/01)

Disease	Total cases Year to date	Cases < 5 yrs old Year to date
Congenital rubella syndrome (CRS)	0	0
Diphtheria	1	0
H. influenzae invasive disease	13	1
Hepatitis B	562	7
Measles	0	0
Mumps	5	0
Pertussis	135	81
Poliomyelitis	0	0
Rubella	0	0
Tetanus	0	0

The prevention and control of pertussis

The clinical course of pertussis can generally be divided into three phases. The catarrhal stage is characterized by an insidious onset of upper respiratory symptoms (runny nose, sneezing, mild cough) and low-grade fever. Cough gradually becomes more severe. The paroxysmal stage begins after one to two weeks, and is characterized by frequent bursts (paroxysms) of violent, rapid coughs, which often end in the characteristic high-pitched whoop as the patient tries to catch his or her breath. Vomiting may follow the paroxysms. An average of 15 paroxysms occur within a 24-hour period, and paroxysms are more frequent at night. This stage can last one to six weeks and occasionally longer. The final, or convalescent, stage marks the beginning of recovery. The cough becomes less episodic and disappears over two to three weeks, but paroxysms may recur with subsequent respiratory infections such as colds or influenza.

Providers often fail to consider a diagnosis of pertussis in adults and adolescents. This may be because many regard it as a childhood disease, and because of its atypical presentation in these age groups. The paroxysmal stage of the disease in children is characterized by coughing fits with possible cyanosis (turning blue) followed by the whooping noises as they catch their breath, and then vomiting. Adults have a persistent cough but tend to lack the characteristic whoop and other symptoms. Recent studies have found that 12-30 percent of adults with a persistent cough have pertussis.

How you can help

Michigan providers can help in the effort to prevent and control pertussis by being aware of the following:

Pertussis Epidemiology

- Pertussis is a larger problem than is reflected by the level of officially reported cases.
- Pertussis disease can and does occur in adolescents and adults.
- Pertussis is typically (but not always) less severe in adults than in children and infants; undiagnosed adults are frequently the source of pertussis in young children and infants.

Diagnosis

- Have a high index of suspicion for pertussis in patients of all ages with persistent cough illness lasting two or more weeks.
- Suspected cases of pertussis should receive a complete diagnostic work-up, which should include culture of a nasopharyngeal swab or aspirate. PCR (polymerase chain reaction) methods are also available, but should be done in conjunction with culture.
- Lab support for pertussis is available at the Michigan Department of Community Health public health laboratory.
- Serologic methods are not appropriate for diagnosis of pertussis (except in rare instances) and should not be used.
- Pertussis is a reportable disease; providers must report cases to the local health department serving the cases area of residence.

Treatment

- Erythromycin (40-50 mg/kg per day orally in four divided doses; maximum, 2 g/day) for 14 days is the treatment of choice.
- Other antibiotics may be effective but have not been well established for use in pertussis management; their use should be guided by consultation with infectious disease specialists.
- Cases and suspect cases should be placed in respiratory isolation and excluded from group activity settings until completing five days (of 14) of antibiotic therapy.

Prophylaxis

- Family members and other close contacts of pertussis cases should receive antibiotic prophylaxis with erythromycin (40-50 mg/kg per day orally in four divided doses to a maximum of 2 g/day) for 14 days regardless of age or vaccination status.
- Other antibiotics (TMP-SMX, and certain macrolides) may be considered as alternatives, but should be guided by consultation with an infectious disease specialist.
- Close contacts under age 7 years who have received fewer than four doses of a pertussis vaccine (DTP or DTaP) or who have not received a dose within the past

Prevention

Immunizing infants on time (according to the recommended childhood immunization schedule) will help protect infants, who are at the greatest risk of severe disease and complications.

MDCH offers free education updates

Immunization assessment of your practice (AFIX)

Contact Stephanie Sanchez at 517-335-9011

Physician Peer Education

Contact Rosene Cobbs at 517-353-2596

Immunization Update for Office Staff

Contact Darcy Wildt at 517-335-9486

Hepatitis A-E

Contact Pat Fineis at 800-964-4487 or 517-335-9443

Hepatitis virus update available upon request

The Michigan Department of Community Health offers a free 1.5 hour Hepatitis A-E in-service that provides a basic overview of the hepatitis viruses including signs and symptoms, recommended immunization schedules, vaccine availability, modes of transmission, treatment options and information on the Perinatal Hepatitis B Prevention program. The presentation has been approved for 1.5 contact hours for nurses. For additional information or to schedule a presentation, please call Pat Fineis at 517-335-9443 or at 800-964-4487.

Order CDC immunization materials online

Free immunization materials are available from CDC, and the quickest and easiest way to get them is through CDC's website at:

www.cdc.gov/nip/publications

All online orders are processed within 48 hours, so ordering through the web is definitely the quickest way to go. Be sure to check out this website.

The *Michigan Immunization Update*

The *Michigan Immunization Update* can now be sent to your desk via e-mail as an Adobe Acrobat pdf file. If you do not already have Adobe Acrobat Reader, this free software program is available on the Internet at www.adobe.com/products/acrobat/readstep2.html.

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Have you moved?

To change your address, fax us both your old and new address, indicating which one is the new address.

Receiving duplicate copies of the newsletter?

Make copies of all the address labels and fax them to us, indicating which label is the correct one.

Want to be added to our mailing list to receive future issues of the newsletter?

Fax us your complete name and home address and we'll add you to our mailing list to receive a copy of the newsletter through regular mail.

All address changes, corrections, and additions should be faxed to Darcy Wildt at fax # 517-335-9855.

For questions concerning address changes, corrections, and additions call Darcy Wildt at 517-335-9486 or e-mail WildtD@michigan.gov.

For any other questions regarding the *Michigan Immunization Update*, call Rosemary Franklin at 517-335-9485 or e-mail FranklinR@michigan.gov.

Vaccine Injury Table now includes PCV7

Pneumococcal conjugate vaccines have been added to the Vaccine Injury Table under Category XIII with an effective date of December 18, 1999 (as announced in the Federal Register May 22, 2000, 66 Fed. Reg. 28166-01). Category XIII is the general category reserved for new vaccines that qualify for coverage under the Vaccine Injury Compensation Program. Because this category is general, it does not specifically include a reference to pneumococcal conjugate vaccines. The Department of Health and Human Services plans on including pneumococcal conjugate vaccines as a separate and distinct category on the Vaccine Injury Table through the rule-making process in order to comply with legal requirements. For the purpose of potential petitioners filing claims concerning pneumococcal conjugate vaccines, however, this category of vaccines is now covered by the Vaccine Injury Compensation Program (under the Table's broad Category XIII). For more information on the Vaccine Injury Table and the Vaccine Adverse Event Reporting system, go to www.vaers.org or call 1-800-822-7967.

Epidemiology and Prevention of Vaccine-Preventable Diseases, 7th edition, available soon

The Centers for Disease Control and Prevention (CDC) has announced the publication of the new 7th edition of *Epidemiology and Prevention of Vaccine-Preventable Diseases*, which will be available in March or April.

Epidemiology and Prevention of Vaccine-Preventable Diseases (also called the Pink Book) provides physicians, nurses, nurse practitioners, physician assistants, pharmacists, and others with comprehensive information on vaccine-preventable diseases. The book also provides the latest information on general recommendations on immunizations, immunization strategies for health care practices and providers, strategies to increase vaccination, revised vaccine recommendations, and vaccine safety.

To order the 7th edition, call 1-877-252-1200. The cost is $25 plus shipping and handling. When ordering, refer to Item No. RM-021. The Pink Book can also be ordered through the online bookstore at www.phf.org.

Put your practice or clinic in this newsletter

The *Michigan Immunization Update* editorial staff would like to include more articles that feature local programs, practices, or events. Would you like to contribute an article? We would like to hear from you. For more information, call Rosemary Franklin at 517-335-9485. Franklin's e-mail address is: FranklinR@michigan.gov

Finding good vaccine information for parents

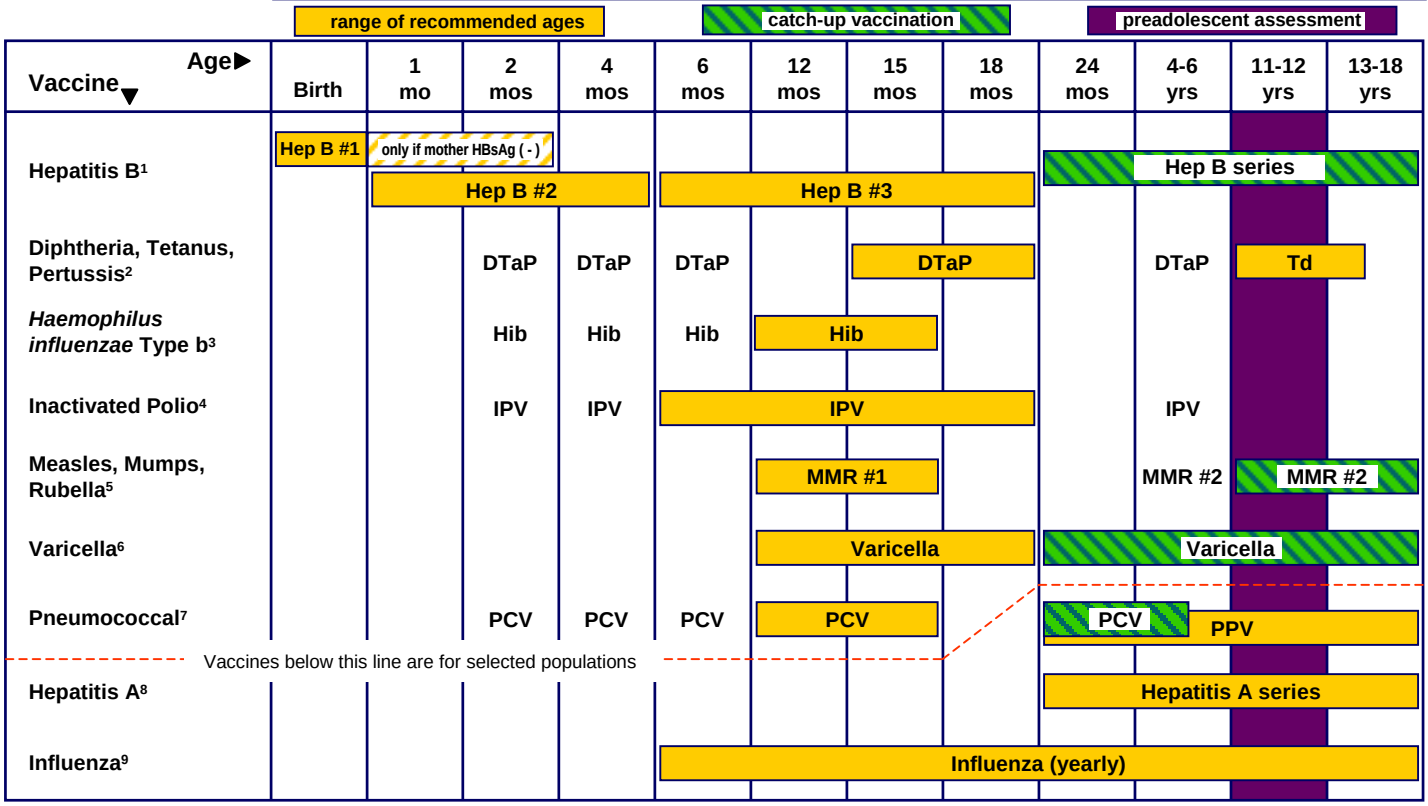
Vaccinating Your Child: Questions & Answers for the Concerned Parent by Sharon G. Humiston, MD, MPH, and Cynthia Good

Vaccines: What Every Parent Should Know by Paul A. Offit, MD, and Louis M. Bell, MD.

CDC experts are available

Experts at the CDC National Immunization Program are available to answer tough immunization questions. Health care providers can e-mail nipinfo@cdc.gov and submit written questions regarding any immunization and vaccine issues. Questions on topics from immunization schedules to vaccine safety will be answered by CDC staff.

Recommended Childhood Immunization Schedule
United States, 2002



This schedule indicates the recommended ages for routine administration of currently licensed childhood vaccines, as of December 1, 2001, for children through age 18 years. Any dose not given at the recommended age should be given at any subsequent visit when indicated and feasible. Indicates age groups that warrant special effort to administer those vaccines not previously given. Additional vaccines may be licensed and recommended during the year. Licensed combination vaccines may be used whenever any components of the combination are indicated and the vaccine's other components are not contraindicated. Providers should consult the manufacturers' package inserts for detailed recommendations.

1. Hepatitis B vaccine (Hep B). All infants should receive the first dose of hepatitis B vaccine soon after birth and before hospital discharge; the first dose may also be given by age 2 months if the infant's mother is HBsAg-negative. Only monovalent hepatitis B vaccine can be used for the birth dose. Monovalent or combination vaccine containing Hep B may be used to complete the series; four doses of vaccine may be administered if combination vaccine is used. The second dose should be given at least 4 weeks after the first dose, except for Hib-containing vaccine which cannot be administered before age 6 weeks. The third dose should be given at least 16 weeks after the first dose and at least 8 weeks after the second dose. The last dose in the vaccination series (third or fourth dose) should not be administered before age 6 months.

Infants born to HBsAg-positive mothers should receive hepatitis B vaccine and 0.5 mL hepatitis B immune globulin (HBIG) within 12 hours of birth at separate sites. The second dose is recommended at age 1-2 months and the vaccination series should be completed (third or fourth dose) at age 6 months.

Infants born to mothers whose HBsAg status is unknown should receive the first dose of the hepatitis B vaccine series within 12 hours of birth. Maternal blood should be drawn at the time of delivery to determine the mother's HBsAg status; if the HBsAg test is positive, the infant should receive HBIG as soon as possible (no later than age 1 week).

2. Diphtheria and tetanus toxoids and acellular pertussis vaccine (DTaP). The fourth dose of DTaP may be administered as early as age 12 months, provided 6 months have elapsed since the third dose and the child is unlikely to return at age 15-18 months. **Tetanus and diphtheria toxoids (Td)** is recommended at age 11-12 years if at least 5 years have elapsed since the last dose of tetanus and diphtheria toxoid-containing vaccine. Subsequent routine Td boosters are recommended every 10 years.

3. *Haemophilus influenzae* type b (Hib) conjugate vaccine. Three Hib conjugate vaccines are licensed for infant use. If PRP-OMP (PedvaxHIB® or ComVax® [Merck]) is administered at ages 2 and 4 months, a dose at age 6 months is not required. DTaP/Hib combination products should not be used for primary immunization in infants at ages 2, 4 or 6 months, but can be used as boosters following any Hib vaccine.

4. Inactivated polio vaccine (IPV). An all-IPV schedule is recommended for routine childhood polio vaccination in the United States. All children should receive four doses of IPV at ages 2 months, 4 months, 6-18 months, and 4-6 years.

5. Measles, mumps, and rubella vaccine (MMR). The second dose of MMR is recommended routinely at age 4-6 years but may be administered during any visit, provided at least 4 weeks have elapsed since the first dose and that both doses are administered beginning at or after age 12 months. Those who have not previously received the second dose should complete the schedule by the 11-12 year old visit.

6. Varicella vaccine. Varicella vaccine is recommended at any visit at or after age 12 months for susceptible children, i.e. those who lack a reliable history of chickenpox. Susceptible persons aged ≥ 13 years should receive two doses, given at least 4 weeks apart.

7. Pneumococcal vaccine. The heptavalent **pneumococcal conjugate vaccine (PCV)** is recommended for all children age 2-23 months. It is also recommended for certain children age 24-59 months. **Pneumococcal polysaccharide vaccine (PPV)** is recommended in addition to PCV for certain high-risk groups. See *MMWR* 2000;49(RR-9);1-35.

8. Hepatitis A vaccine. Hepatitis A vaccine is recommended for use in selected states and regions, and for certain high-risk groups; consult your local public health authority. See *MMWR* 1999;48(RR-12);1-37.

9. Influenza vaccine. Influenza vaccine is recommended annually for children age ≥ 6 months with certain risk factors (including but not limited to asthma, cardiac disease, sickle cell disease, HIV, diabetes; see *MMWR* 2001;50(RR-4);1-44), and can be administered to all others wishing to obtain immunity. Children aged ≤12 years should receive vaccine in a dosage appropriate for their age (0.25 mL if age 6-35 months or 0.5 mL if aged ≥ 3 years). Children aged ≤ 8 years who are receiving influenza vaccine for the first time should receive two doses separated by at least 4 weeks.

For additional information about vaccines, vaccine supply, and contraindications for immunization, please visit the National Immunization Program Website at www.cdc.gov/nip or call the National Immunization Hotline at 800-232-2522 (English) or 800-232-0233 (Spanish).

Approved by the Advisory Committee on Immunization Practices (www.cdc.gov/nip/acip), the American Academy of Pediatrics (www.aap.org), and the American Academy of Family Physicians (www.aafp.org).

Vaccine Information Statement Information

LATEST REVISION DATES

DTaP/DTP	07-30-01
Hib	12-16-98
Hepatitis A	08-25-98
Hepatitis B (HBV)	07-11-01
Influenza	04-24-01
Lyme	11-01-99
Meningococcal	03-31-00
MMR	12-16-98
Pneumococcal Polysaccharide	07-29-97
Pneumococcal Conjugate	07-09-01
Polio	01-01-00
Td	06-10-94
Varicella	12-16-98

HOW TO FIND VERSION OR REVISION DATES ON VIS'S

The revision or version date is located on the back of each VIS towards the bottom.

Be sure your clinic or office is using only the most current VIS. Current VIS's are available from local health department immunization programs. When you receive an updated version, please discard of any outdated VIS's immediately. It is very important to distribute only the most up-to- date Vaccine Information Statements.

VIS TRANSLATIONS CURRENTLY AVAILABLE FROM MDCH DIVISION OF IMMUNIZATION

Armenian
Arabic
Bosnian
Cambodian
Chinese
Croatian (Serbian)
Farsi
French
German
Haitian Creole
Hmong
Japanese
Korean
Laotian
Portuguese
Punjabi
Romanian
Russian
Samoan
Serbo-Croatian
Somali
Spanish
Tagalog
Thai
Turkish
Vietnamese

To receive a foreign language VIS, call the Division of Immunization at 517/335-8159.

Evaluating Info on the Web

Are you confused by the amount of information on immunizations on the Internet? Concerned about the rumors linking vaccines and diseases like diabetes and autism? Below are some tips to help you navigate your way through all of the information available and determine its accuracy.

How do I know if the vaccine information I find on the Internet is accurate?

First, consider the **source** of information.

- A good health Web site will display who is responsible for the site. Also, there will be a way to contact the information provider or Webmaster.
- Information should not be slanted in favor of a Web site's sponsor or source of funding. Health information should be accurate and unbiased.

Then, ask the following questions:

- Do scientific experts review the medical information before it is posted on the Web site? What are their credentials?
- Does the information display the date of last revision, and is it kept up to date?
- What is the scientific evidence for claims made? The original source of facts and figures should be shown. For example, the Web site should provide citations of medical articles or other sources of information. You should be able to distinguish facts from opinions. Also, facts are more reliable if they come from a published scientific study on humans rather than from unpublished accounts or from reports of a single person or of animal studies.

Next, consider the **purpose** of the Web site. The purpose should be to provide accurate and unbiased information about that topic. If the purpose is to advertise about a health care product, be skeptical about the information provided.

Finally, discuss with your doctor or health professional the information that you find on the Web. Health information found on the Web should supplement rather than replace the information or advice given by your doctor.

MCIR Regional Contacts

REGION 1 **City of Detroit; Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties**

Contact: Kathy Reichmann
Phone: 313-873-0840

REGION 2 **Allegan, Ionia, Kent, Muskegon, and Ottawa Counties**

Contact: Nancy Deising
Phone: 616-336-3971

Branch, Calhoun, Hillsdale, Jackson, Lenawee and St. Joseph Counties

Contact: Laura Rappaleye
Phone: 517-796-4402

Berrien, Cass, Kalamazoo, and Van Buren Counties

Contact: Karen McGettigan
Phone: 616-373-5142

REGION 3 **Barry, Clinton, Eaton, Gratiot, Ingham, and Montcalm Counties**

Contact: Andrea Tabor
Phone: 517-831-5237

REGION 4 **Bay, Genesee, Huron, Lapeer, Midland, Saginaw, Sanilac, Shiawassee, and Tuscola Counties**

Contact: Wendy Nye
Phone: 810-257-3562

REGION 5 **Alcona, Alpena, Antrim, Arenac, Benzie, Charlevoix, Cheboygan, Clare, Crawford, Emmet, Gladwin, Grand Traverse, Iosco, Isabella, Kalkaska, Lake, Leelanau, Manistee, Mason, Mecosta, Missaukee, Montmorency, Newaygo, Oceana, Ogemaw, Oscoda, Osceola, Otsego, Presque Isle, Roscommon, and Wexford Counties**

Contact: Sharon Polek
Phone: 231-592-0130

REGION 6 **All Upper Peninsula Counties (Alger, Baraga, Chippewa, Delta, Dickinson, Gogebic, Houghton, Iron, Keweenaw, Luce, Mackinac, Marquette, Menominee, Ontonagon, and Schoolcraft Counties)**

Contact: Julie Clark
Phone: 906-786-4111

Immunization Record Assessment

Conducted by the
Michigan Department of Community Health

What:
Assess immunization status of pediatric patients in your practice & provide information to the practice on the results of the assessment.

Why:
Identify vaccination coverage levels and any barriers to properly immunizing children. Methods for successful immunization processes will be identified and solutions offered.

How:
MDCH assessment staff will do a manual chart review.

When:
Scheduled at a convenient time for the practice.

Who:
Private provider practices or organizations in the State of Michigan. The Michigan Department of Community Health does not mandate this program.

How Do You Rate?

With the provider permission, the Michigan Childhood Immunization Registry (MCIR) will be reviewed for a comprehensive look at a practice's vaccination coverage level. All dose information collected at the manual chart review can be added to the MCIR, with the permission of the practice.

A personal feedback session is provided to the practice by MDCH staff to discuss the results of the chart review and strategies to improve vaccination rates.

How much staff time will this take?

Involvement by your staff is limited to pulling charts before the assessment and participation in the one-hour feedback presentation. The physician's role in the assessment process is minimal. Attendance at the 1-hour feedback session is required.

A list of patients will need to be generated within the birth date age range, using either the MCIR or the practice billing system.

How do I get started?

- Call the MDCH immunization assessment staff at (517) 335-9011
- Schedule dates for the chart review and for the feedback presentation
- Have charts available to MDCH staff on the day of chart review
- Have all clinical staff attend the 1-hour feedback presentation.
- Incorporate immunization processes identified and discussed with your staff.

For a FREE

Immunization Record Assessment

contact the

MDCH Immunization

Assessment Staff

(517) 335-9011

Revised August 8, 2001

6th Grade Immunization Assessment
Fact Sheet

Beginning in the 2002-2003 school year, the immunization status of all 6th grade students in Michigan will be assessed so that there will be a means of assuring that children are adequately immunized against preventable diseases before they reach adolescence when some of these diseases become a greater threat to their health

Some of the reasons to be concerned about the immunization status of these children are:

- ! Vaccine-preventable diseases are still with us. In many cases, they may cause disability or death.
- ! Hepatitis B is the most common cause of liver cancer in the U.S. Approximately 90% of the newly reported cases of Hepatitis B each year are in adolescents and young adults.
- ! Varicella vaccine is recommended for children and adolescents who have not yet had the chickenpox (varicella) disease. Complications from chickenpox are much higher in persons over 13 years of age.
- ! Only 52% of U.S. adolescents enrolled in health plans are fully immunized according to a 1999 report.

Public Act 89 of 2000 mandates that an immunization assessment be done on each student, enrolled in 6th Grade for the first time, beginning with the 2002/03 school year.

Schools have been required by Public Act 368 of 1978 to collect and report the immunization records of all new enterers to their school district each year in November and February. Therefore schools should have on file the records of all 6th grade students in their district. However, updates for these records or additional immunizations may be needed to bring 6th grade students into compliance with the requirements of Public Act 89.

All schools in the state of Michigan, in which 6th grade students are enrolled, will submit the immunization records of 6th grade students in November and February of each year (in addition to the records of all new enterers to their school district).

6th grade students are required to have received the following vaccines:

- ✓ Complete series of Diphtheria/Pertussis/Tetanus vaccine (DTaP, DTP, DT or Td), with one dose in the last 10 years
- ✓ 3 doses of Polio vaccine
- ✓ 3 doses of Hepatitis B vaccine
- ✓ 2 doses of MMR vaccine
- ✓ 1 dose of Varicella vaccine (unless child is past the 13th birthday, when 2 doses are needed) or a history of varicella (chickenpox) disease.

Pneumococcal Conjugate Vaccine Supply Shortage

December 21, 2001

As outlined in two earlier announcements from the Michigan Department of Community Health (MDCH) August 29, 2001, and October 12, 2001, vaccine supply shortages continue to present challenges for Michigan and the nation as a whole. The difficulties that Michigan and many other states have had obtaining an adequate supply of the new conjugate pneumococcal vaccine (PCV7) continue. The Advisory Committee on Immunization Practices (ACIP) and the Centers for Disease Control and Prevention (CDC) in Atlanta have indicated that states can expect the supply of the vaccine to continue to be inadequate at least until mid-2002. It is our understanding that the manufacturer has been unable to produce sufficient amounts of the vaccine to meet the demand for this new vaccine. MDCH remains unable to obtain information about when it will receive additional doses or the size of future shipments that can be expected.

MDCH currently has a limited inventory of PCV7 and has been allocating its supply of PCV7 to Vaccines for Children (VFC) and Michigan Vaccines for Children (MI-VFC) providers on a monthly basis. In keeping with the most recent CDC interim recommendations published on December 21, 2001, in the Notice to Readers section of the *MMWR* and the supply of vaccine that is currently available in Michigan, MDCH is recommending restricted use of vaccine for children eligible for VFC and MI-VFC Programs. CDC is also advising all providers, regardless of whether they are using publicly or privately purchased vaccine, to follow these revised recommendations to stretch their supplies as far as possible in light of this nationwide shortage.

The first set of interim recommendations in this MDCH notice are comparable to the recommendations outlined by CDC for a severe shortage of vaccine. To understand whether an individual practice should apply the more restricted schedule that reflects a severe shortage or the schedule that corresponds to a moderate shortage, it will be necessary for health care professionals to assess the number and age of the children they serve relative to the number of doses of vaccine projected to be in supply on a monthly basis. These recommendations are based on the principle that conserving vaccine supply is best achieved by decreasing the number of doses administered to healthy infants, rather than leaving some children in the group recommended for vaccination completely unprotected.

Until vaccine supplies are sufficient to permit a return to the full schedule, health care professionals are being asked to limit use of PCV7 and to maintain recall lists of children for whom doses have been deferred. **The interim recommendations are based on the age a child receives the first dose of vaccine and assume that Michigan is now coping with a severe shortage.** These recommendations are as follows:

1. Fully vaccinate all children with high-risk medical conditions through 59 months of age according to ACIP recommendations. High-risk medical conditions include

sickle cell disease, functional or anatomic asplenia, HIV infection, and children who are immunocompromised or have a chronic illness, excluding asthma.

2. Children under the age of 12 months should receive the first 2 doses of the primary series. The third dose and fourth dose (the booster dose) should be deferred.
3. Children 12 through 23 months of age should receive one dose of vaccine and all other doses should be deferred.
4. All doses routinely provided to children 24 through 59 months of age should be deferred.

For a child who receives only one dose before 12 months of age, one more dose should be administered before the child is 24 months of age.

PCV7 inventories vary from practice to practice. If vaccine supplies permit, it may be possible for providers administering federally procured vaccine to implement a more moderate set of recommendations. Again, these interim recommendations are based on the age a child receives the first dose of the series and are as follows for practices coping with a moderate shortage of vaccine:

1. Fully vaccinate all children with high-risk medical conditions through 59 months of age according to ACIP recommendations. High-risk medical conditions include sickle cell disease, functional or anatomic asplenia, HIV infection, and children who are immunocompromised or have a chronic illness, excluding asthma.
2. Children under the age of 12 months should receive the first three doses of the primary series. The fourth dose (the booster dose) should be deferred.
3. Children 12 through 23 months of age should receive two doses of vaccine and all other doses should be deferred.
4. All doses routinely provided to children 24 through 59 months of age should be deferred.

If the shortage is considered to be moderate and a child receives one dose before 12 months of age, two more doses should be administered before the child is 24 months of age. For a child who receives two doses before 12 months of age, one more dose should be administered before the child is 24 months of age.

A copy of the ACIP recommendations is attached for your reference. MDCH will notify local health departments when a sufficient supply of vaccine is again available to allow full implementation of ACIP recommendations for children vaccinated with federally procured vaccine. If your practice obtains VFC/MI-VFC vaccine from your local health department and sees children who are eligible to receive PCV7 according to the interim recommendations provided in this notice, please contact your local health department for further information on the availability of PCV7 for those children. As stated in earlier announcements, MDCH will attempt to update you at the earliest possible time should the supply situation change or it is necessary to further limit use of the vaccine. Thank you for your continued patience and cooperation during what we hope is a brief shortage of this vaccine.

Michigan Department of Community Health (MDCH) Clearinghouse order form for free immunization brochures and materials

To order the materials listed below, fax this form to the MDCH Clearinghouse at 517-699-2376 (in effect as of October 1, 2001). Inquiries about specific orders that have already been placed can be directed to the MDCH Clearinghouse at 1-888-76-SHOTS. All other inquiries should be directed to Rosemary Franklin at 517-335-9485 or FranklinR@state.mi.us.

When filling out this order form, please bear in mind that most of these brochures are revised annually. Therefore, we recommend that you order only enough to last two to three months. All orders for brochures are limited to 500 per organization or office, unless otherwise stated. However, limits may also be lowered due to availability of supply.

If you have a special need and you would like to request any amounts in excess of the limits, please refer to the directions at the end of the next page.

Name:	
Company:	
Street address:*	
City:	**State: MI**** **Zip code:**
Phone no.:	

*** Reminder: We cannot ship to P.O. boxes.** ** Materials are available to Michigan residents only.

Please enter quantity for each requested item.

Quantity needed	**Materials for health care providers**	
(Do not order before March, 2002) (Limit of 1 per office)	**Alliance for Immunization in Michigan (AIM) Provider Tool Kit, 2002** This packet contains the most up-to-date tools and information for health care professionals who administer vaccines to their patients, including the Recommended Childhood Immunization Schedule for 2002, information about contraindications for vaccination and proper storage and handling of vaccines techniques, documentation resources and much more. This kit is made up of several folders of materials and includes separate tabs on Childhood/Teen Immunization, Adult Immunization, Vaccine Storage & Handling/Resources, and "Talking to Families about Immunization."	**Updated 2002 kits will be available in March**

Quantity needed	Materials for health care providers
(Limit of 5,000 cards per office)	**Adult Immunization Record Card** We recommend that you provide an adult immunization record card to all your adult patients as you give them immunizations. Although the limit on this item is 5,000, we ask that you do not stockpile. Please order only enough to get you through this flu season.

Materials for patient education

Brochures for children and adolescents	
	Immunize Your Little Michigander
	Vaccine Safety – What parents need to know
	Are you 11-19 years old? Then you need to be protected against some serious diseases

Brochure for adults	
	Immunizations – They're not just for kids. Are you protected?

Brochures about hepatitis	
	The Dangers of Hepatitis B: What they are, How to avoid them
	Hepatitis, What you need to know. (This brochure discusses hepatitis A, B, and C.)

Limits and exceptions

If you have a special need and would like to request any amounts in excess of the limits, please call Rosemary Franklin at 517-335-9485 or e-mail her at FranklinR@state.mi.us. Ms. Franklin asks that organizations such as health plans and HMOs submit any large orders for brochures directly through the printer. She has the contact name and number for those orders. Non-profit organizations are encouraged to call Rosemary Franklin with any special needs.

Revised December 21, 2001

Michigan Dept. of Community Health
3423 N. MLK Blvd.
PO Box 30195
Lansing MI 48909

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Discussing vaccine safety concerns with parents

Reprinted with permission from the California Immunization Update (August 16, 2001)

In a recent issue of *Pediatrics* (2001;107:893-8), several consultants presented recommendations for providers dealing with parents who are inclined not to have their children immunized because of concerns about vaccine adverse effects. Several useful recommendations for providers faced with such patients are discussed. An example is abstracted here:

To most people, certain risks are more acceptable than other risks. Thus, the risk of not immunizing one's child and the resultant risk of the child contracting a disease is more acceptable to some parents than the perceived risk of a potential adverse effect of immunization. Frequently, people prefer the risk associated with doing nothing over the risk associated with doing something.

A potentially helpful response is for the provider to (a) acknowledge how difficult it is to make decisions with so much conflicting information from different experts telling parents what to do; and (b) gently point out that many such proactive intervention decisions must be made by parents when there can be fear of risks of adverse effects. An example would be the application of sunscreen lotion and fluoride treatments of teeth which, like vaccines, can mean exposure to so-called *unnatural* ingredients which might be thought to carry theoretical risks. Providers can note that most parents nonetheless choose these preventive measures for their children because the alternative of not using them exposes their child to more certain serious risks.

Vaccine safety information is also available on the CDC website:

www.cdc.gov/nip/vacsafe

Communicating with patients resource kit

Communicating With Patients About Immunization, the National Network for Immunization Information's resource kit for health professionals, is intended to enable physicians, nurses and other health professionals to respond effectively to questions about immunization. The kit materials may be downloaded from the National Network for Immunization Information (NNii) website (www.immunizationinfo.org), photocopied and distributed to those who have questions about immunizations; however, NNii must be cited as the source of the information. Individuals and entities are prohibited from repackaging or reproducing the resource kit materials as their own. Any reselling or reproduction for commercial purposes is strictly prohibited. The resource kit is also available in a 3-ring binder from NNii for $20. Call NNii's toll-free number to order a kit (877-341-6644).

It's on the web at:
www.immunizationinfo.org